

PEGEIVED GENTRAL FAX GENTER JUN 0 2 2006

www.farjami.com

26522 La Alameda Avenue, Suite 360 Mission Viejo, California 92691

tel: (949) 282-1000 fax: (949) 282-1002

FACSIMILE TRANSMISSION COVER SHEET

Date:

June 2, 2006

To:

United States Patent and Trademark Office Examiner: Unknown; Art Unit: Unknown

Fax:

571-273-8300

Re:

Application Serial No.: 10/600,163

Filing Date: June 19, 2003; First Named Inventor: Viscito, Eric

Attorney Docket No.: 02CON382P

From:

Farjami & Farjami LLP

Number of pages including the cover sheet: 6

Message:

Enclosed please find an Information Disclosure Statement for the above-referenced application.

Thank you.

The documents accompanying this facsimile contain PRIVILEGED AND CONFIDENTIAL information intended only for use of the individual or entity named above. If you are not the intended recipient, disclosure, copying, distribution or use of the contents of this facsimile information is prohibited. If you have received this facsimile in error, please immediately notify us by telephone and return the original facsimile to us at the above address via U.S. Postal Service. We will reimburse you for all expenses incurred.

PTO/SB/21 (08-03)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/600.163 **TRANSMITTAL** Filing Date 6/19/2003 BEGEIVED **FORM** First Named Inventor CENTRAL FAX CENTER Viscito, Eric (to be used for all correspondence after initial filing) **Examiner Name** Unknown JUN U 2 2006 Art Unit Unknown Total Number of Pages in This Submission Attorney Docket Number 02CON382P **ENCLOSURES** (check all that apply) X After Allowance communication Fee Transmittal Form Drawing(s) to Group Appeal Communication to Board Fee Attached Licensing-related Papers of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Amendment / Reply Petition Petition to Convert to a After Final Proprietary Information Provisional Application Power of Attorney, Revocation Change of Correspondence Address Affidavits/declaration(s) Status Letter Other Enclosure(s) (please identify below): Extension of Time Request Terminal Disclaimer | X | Express Abandonment Request Request for Refund 1. PTO Form 1449 Information Disclosure Statement CD, Number of CD(s) Remarks Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Farshad Farjami, Esq., Reg. No. 41,014 Individual name Farjami & Farjami, LLP Signature Date June 2, 2006 **CERTIFICATE OF TRANSMISSION / MAILING** I hereby certify that this correspondence is being facsimile transmitted to the USPTO at facsimile number 571-273-8300 or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Type or printed name Lesley L. Ning Signature Date June 2, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chlef Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

In you need assistance in complating the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to		mark Office: U.S. DEPART ormation unless it displays a v	
E// ()		Complete if Know	wn
Effective on 12/8/2004. suant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	.Application Number	10/600,163	PERENCO
		0//0/0000	1:588115

FEE TRANSWITTAL FOR FY 2005 Applicant Claims small entity status. See 37 CFR 1.27 Art Unit Unknown JUN 0 2 200	F#		COMPOSITION OF THE PARTY OF THE	
FEE TRANSMITTAL For FY 2005 Applicant Claims small entity status. See 37 CFR 1.27 Art Unit Unknown At Unit Unknown Unknown Unknown Unknown Unknown Unknown At Unit Unknown	Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	.Application Number	10/600,163	PERENTER
FO F Y 2005 Applicant Claims small entity status. See 37 CFR 1.27 Art Unit Unknown JUN 0 2 200		Filing Date	6/19/2003 6	PAPPAL BAMOCHE
Applicant Claims small entity status. See 37 CFR 1.27	FEE INANSMITTAL	First Named Inventor		ALL HAP HAY GEN LE
TOTAL AMOUNT OF PAYMENT (S) 0.00 Attomey Docket No. 02CON382P METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identifs): Deposit Account Deposit Account Number; 50-0731 Deposit Account Name; Fariami &	For FY 2005	Examiner Name	Unknown	JUN 0 2 200
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 50-0731 Deposit Account Name: Fariami & Fariami & Fariami LLP For the above-identified deposit account, the Director is hereby authorized to (check all that apply) Charge feets) indicated below, except for the filling fee Charge feets) indicated below, except for the filling fee Charge feets (indicated below, except for the filling fee Charge feets) indicated below, except for the filling fee Charge feets (indicated below, except for the filling fee Charge feets) indicated below, except for the filling fee Charge feets (indicated below, except for the filling fee Charge feets) indicated below, except for the filling fee Charge feets (indicated below, except for the filling fee Charge feets) indicated below, except for the filling fee Charge feets (indicated below, except for the filling fee Charge feets) indicated below, except for the filling fee Charge feets (indicated below, except for the filling feet Charge feets) indicated below, except for the filling feet Charge feets (indicated below, except for the filling feet Charge feets) indicated below, except for the filling feet Charge feets (indicated below, except for the filling feet Charge feets) indicated below, except for the filling feet Charge feets (indicated below, except for the filling feet Charge feets) indicated below, except for the filling feet Charge feets (indicated below, except for the filling feet Charge feets) indicated below, except for the filling feet Charge feets (indicated below, except for the filling feets) indicated below, except for the filling feets feets (indicated below, except for the filling feets) indicated below, except for the filling feets feets (indicated below, except for the filling feets) indicated below, except for the filling feets feets (indicated below, except for the filling feets) indicated below, except for the filling feets feets (indicated below, except feets) indica	Applicant Claims small entity status. See 37 CFR 1.27	Art Unit	Unknown	
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number, 50-0731 Deposit Account Name: Fariami & Fariami & Fariami LLP For the above-identified deposit account, the Director is hereby authorized to (check all that apply) Charge feets) indicated below, except for the filling fee	TOTAL AMOUNT OF PAYMENT (\$) 0.00	Attorney Docket No.	02CON382P	
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number, 50-0731 Deposit Account Name: Fariami & Fariami & Fariami LLP For the above-identified deposit account, the Director is hereby authorized to (check all that apply) Charge feets) indicated below, except for the filling fee	METHOD OF PAYMENT (check all that apply)			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charges fee(s) indicated below, except for the filling fee		Other (please identify)		
Charges fee(s) indicated below	X Deposit Account Deposit Account Number: 50-0731	Deposit Account Name: F	arjami & Farjami LLP	
X Charge any additional fee(s) or underpayments of fee(s) X Credit any overpayments under 37 CFR 1.16 and 1.17	For the above-identified deposit account, the Director is hereby authorize			
WARNING: from may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES SEMBILERITY Small Entity Fee (\$) Fee (Charge fee(s) indicated below	Charges fee(s) indi	cated below, except fo	or the filing fee
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$)		X Credit any overpay	ments	
Telephone Fee (s) Fe	WARNING: Information on this form may become public. Credit card Information sho	uld not be included on this for	m. Provide credit card in	iformation and
BASIC FILING, SEARCH, AND EXAMINATION FEES SEARCH FEES SEARCH FEES Small Entity Small				
FILING FEES Small Entity Fee (\$) Fee (
Application Type		FXAMINATIO	ON FEES	
Utility 300 150 500 250 200 100 100 Design 200 100 100 50 130 65 Sec. Sec				
Design	Application Type Fee (\$) Fee (\$) Fee (\$)	Fee (\$) Fe	ee (\$)	Fees Paid (\$)
Plant	Utility 300 150 500 250	200	100	
Plant	Design 200 100 100 50	130	65	
Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	•	160	80	
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			_	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Each independent claims over 3 or, for Reissues, each independent claim more than in the original patent Each independent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) F			_	
Fee (\$) Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Each independent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 = /50 = (round up to a whole number) x Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$		•	· -	Small Entity
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 3 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) A. OTHER FEE(\$) Non-English Specification, \$130 fee (no small entity discount) Other: Registration No. (Allo/Rey/Agent) Ange (Print/Type) Registration No. (Allo/Rey/Agent) Ange (Print/Type) Registration No. (Allo/Rey/Agent) Date			Fe	
Each independent claims over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid		n in the original patent		
Multiple dependent claims Total Claims Extra Claims - 20 or HP = x = Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof -100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: SUBMITTED BY Signature Registration No. (AllGNey/Agent) A1,014 Telephone (949) 282-1000			inal natent	
Total Claims - 20 or HP =		,	-	· · · · · · · · · · · · · · · · · · ·
- 20 or HP =		1(\$) M		•
HP = highest number of total claims paid for, if greater than 20 Indep. Claims		-3 2 4		
HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: SUBMITTED BY Signature Registration No. (Allorhey/Agent) 41,014 Telephone (949) 282-1000 Date				
HP = highest number of independent claims peid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: SUBMITTED BY Signature Registration No. (Allorhey/Agent) 41,014 Telephone (949) 282-1000 Name (Print/Type) Farshad Earjami Feet	Indep. Claims Extra Claims Fee (\$) Fee Paid	1 (\$)		
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: SUBMITTED BY Signature Registration No. (Allorhey/Agent) 41,014 Telephone (949) 282-1000 Name (Print/Type) Farshad Earjami Feet				l l
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: SUBMITTED BY Signature Registration No. (Allorhey/Agent) 41,014 Telephone (949) 282-1000 Date	HP = highest number of independent claims paid for, if greater than 3			
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: SUBMITTED BY Signature Registration No. (Allorkey/Agent) Pars had Farsand Farsani Feet Date	3. APPLICATION SIZE FEE			i
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S) Fees Paid(\$) Non-English Specification, \$130 fee (no small entity discount) Other: SUBMITTED BY Signature Registration No. (Allorhey/Agent) 41,014 Name (Print/Type) Farshad Farjami Feet Date	If the specification and drawings exceed 100 sheets of paper, the appli	cation size fee due is \$2	250 (\$125 for smal	ll entity)
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: SUBMITTED BY Signature Registration No. (Allorhey/Agent) Name (Print/Type), Farshad Farjami, Kentucky Agent) Page (Print/Type), Farshad Farjami, Kentucky Agent) Date	for each additional 50 sheets or fraction thereof. See 35 U.S.C. 4	1 (a)(1)(G) and 37 CFR	k 1.16(s).	
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: SUBMITTED BY Signature Registration No. (Altorhey/Agent) Rare (Print/Type), Farshad Farjami, Feet			f Fee (\$)	Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount) Other: SUBMITTED BY Signature Registration No. (Altorhey/Agent) Name (Print/Type), Farshad Farjami, Feet		up to a whole number)	x =	
Other: SUBMITTED BY Signature Registration No. (Allorhey/Agent) Name (Print/Type) Parshad Farjami Far				Fees Paid(\$)
SUBMITTED BY Signature Registration No. (Allorhey/Agent) Name (Print/Type) Rarshad Farjami Kert Date	• •	t)		
Signature Registration No. (Allorhey/Agent) 41,014 Telephone (949) 282-1000 Name (Print/Type) Parshad Farjami Keet Date	Other:			
Signature Registration No. (Allorhey/Agent) 41,014 Telephone (949) 282-1000 Name (Print/Type) Parshad Farjami Keet Date				
Name (Print/Type) Parchad Fariami Reg	SUBMITTED BY 4			
Name (Print/Type) Parchad Farjami For			Telephone	(949) 282-1000
			Date	June 2, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Attorney Docket No.: 02CON382P

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of: Viscito, et al.

Serial No.: 10/600,163

Filed: June 19, 2003

For: Hypothetical Reference Decoder for Compressed Image and Video

Group Art Unit: Unknown

Examiner: Unknown

REGEIVED CENTRAL PAX CENTER

JUN 0 2 2006

INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir or Madam:

In accordance with 37 C.F.R. 1.56 and 1.97, Applicant hereby discloses to the Patent Office patents, publications or other information of which Applicant is aware. A copy of a Form 1449 identifying the patents and other materials is submitted herewith.

The items identified in this Information Disclosure Statement may or may not be "material" as defined in 37 C.F.R. 1.56 and the submission thereof by Applicant is not to be construed as an admission that any such patent, publication or other information referred to is material or considered to be material (37 C.F.R. 1.97(h)), or even qualifies as "prior art" under 35 U.S.C. 102 with respect to the present invention unless specifically designated by Applicant as such. Identification of any reference or patent herein is not an admission, nor is it to be construed as an admission, that it was invented prior to the invention disclosed herein.

Attorney Docket No.: 02CON382P

The filing of this Information Disclosure Statement is not to be construed to mean that a search has been made or that no other material information, as defined in 37 C.F.R. 1.56, exists.

In accordance with 37 C.F.R. 1.97(b)(3) no fee is believed due, since the Information Disclosure Statement is being filed before the mailing date of a first office action on the merits.

The Assistant Commissioner is hereby authorized to charge or credit Deposit Account Number 50-0731 for any deficiency or overpayment in the fees required for the filing of this Disclosure Statement, for which purpose a Fee Transmittal is also included.

> Respectfully Submitted; Farjami & Farjami LLP

Farshad Farjami FARJAMI & FARJAMI LLP 26522 La Alameda Ave., Ste. 360 Mission Viejo, CA 92691

Tel: (949) 282-1000 Fax: (949) 282-1002 Farshad Farjami Reg. No. 41,014

Attorneys for Applicant

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office at facsimile number 571-273-8300

on June 2, 2006.

Signature:

Lesley L. Ning

Typed or Printed Name of Person Mailing Paper and/or Fee

FORM PTO-1449	ATTY. DOCKET NO. SERIAL NO. 10/600,163				
LIST OF PATENTS AND OTHER ITEMS FOR APPLICANT'S INFORMATION DISCLOSURE STATEMENT	APPLICANTS: Viscito, et al.				
(Use several sheets if necessary)	FILING DATE:	GROUP ART:			

	U.S. PATENT DOCUMENTS						
Exam. Initials		DOCUMENT NUMBER	DATE	NAME	CLASS	SUB CLASS	FILING DATE
	1	5,481,543	Jan. 2, 1996	Veltınan			
	2						
	3						

	r	FORE	IGN PATENT	DOCUMENT		,		
Exam. Initials		DOCUMENT NUMBER	PUBLICATION DATE	COUNTRY OR PATENT OFFICE	CLASS	SUB CLASS	TRANSI	NO
	1							
	2							
	3							

	OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, etc.)
1	
2	

EXAMINER:	DATE CONSIDERED:
EXAMINER: Initial if reference is consi 609; Draw line through citation if not in form with next communication to app	red, whether or not citation is in conformance with MPEP onformance and not considered. Include a copy of this ant.
information Disclosure Statement Sec	n 9 PTO-1449 Page <u>1</u> of <u>1</u>